

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1202**
162
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3021 East 22nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Seven Years** (Specify whether years, months or days)
In this community **Seven Years**

3. (a) PRINT FULL NAME **MISS MARY REILLY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **AUGUST 5th 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 6 hr. min.

9. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

10. Usual occupation **Book Binder (Retired)**

11. Industry or business **Publishing Company**

12. Name **CHARLES REILLY**

13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY WOODS**

15. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS JOSEPH A. RAMING**

(b) Address **3021 East 22nd Street**

17. (a) **Removal** (b) Date thereof **1-13-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CHICAGO ILLINOIS**

18. (a) Signature of funeral director **MELLODY McCILLEY**

(b) Address **Kansas City Missouri**

19. (a) **Jan 12 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **3021 East 22nd Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **JANUARY** day **11**
year **1941** hour **11** minute **40** P. M.

21. I hereby certify that I attended the deceased from **Jan 11 1941**
that I last saw him alive on **Jan 9 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Atherosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93%**

Major findings: Of operations **No Op.**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **Jan 11 41**

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. P. Jones** (M. D. or other) **D**

Address **309 E 10th St** Date signed **1-12-40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me, or by 267
_____, Registered Apprentice No. 267
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2929

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.